





Patient- and Family-Centered Care
Partnerships for Quality and Safety

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North Carolina Center for Hospital Quality
and Patient Safety
Chapel Hill, NC
April 23, 2008

Institute for Family-Centered Care 


This afternoon . . .

- ▼ Define the concept of patient- and family-centered care and show the link with patient and safety.
- ▼ Describe building national momentum.
- ▼ Explore emerging best practices.
- ▼ Discuss several profiles for advancing the practice of patient- and family-centered care and developing partnerships with patients and families for quality and safety.
- ▼ Begin to identify next steps for North Carolina hospitals.




Patient- and Family-Centered Principles

- ▼ People are treated with **respect and dignity**.
- ▼ Health care providers communicate and share complete and unbiased **information** with patients and families in ways that are affirming and useful.
- ▼ Individuals and families build on their strengths through **participation** in experiences that enhance control and independence.
- ▼ **Collaboration** among patients, families, and providers occurs in policy and program development and professional education, as well as in the delivery of care.



Patient- and family-centered care is working with, rather than doing to or for.



Effective helpgiving is not simply a matter of whether the helpseeker's needs are met, but is in the *manner* in which they are met.

Empowering Outcomes


Three Components of Effective Helpgiving Practice

Technical Quality Participatory Involvement Collaborative Relationships

EFFECTIVE HELPGIVING

Participatory Involvement

Dunst and Trivette,
Pediatric Nursing, 1996



Quality is more than technical quality.

The patient's and family's experience can be a driver for quality improvement.



What Patients Expect from the Healthcare System 100% of the Time

- ▼ To be listened to, taken seriously, and respected as a care partner.
 - To have my family/care-givers treated the same.
 - To participate in decision-making at the level I choose.
- ▼ To be always told the truth.
 - To have things explained to me fully and clearly.
 - To receive an explanation and apology if things go wrong.
- ▼ To have information communicated to all my care team.
 - To have my care timely and impeccably documented.
 - To have these records made available to me if requested.
- ▼ To have coordination among all members of the health care team across settings.
- ▼ To be supported emotionally as well as physically.
- ▼ To receive high quality, safe care.

Reflections of Patient and Family Voices: Presented IHI National Forum, Dec. 2005. *Preventing Medical Error: Crossing the Quality Chasm Series*, The National Academies Press, 2006.



Families are allies for enhancing quality, patient safety

BY BRUCE A. BRONSTEIN
IHI's Philosophy is a powerful message on improving the quality of care and patient safety across the system. The following column highlights a special case of the Institute for Family-Centered Care in Berkeley, IHI member organization, in a patient's home. The story illustrates the importance of patient and family involvement in the process of care.



The "Patient as Partner" and "Family as Ally" are the focus of the Institute for Family-Centered Care in Berkeley, IHI member organization, in a patient's home. The story illustrates the importance of patient and family involvement in the process of care.

By participating in the care of their loved ones, patients and their families can help to ensure the best possible outcomes. This is especially true when it comes to the care of children, who are often the most vulnerable members of the family.



EYE ON PATIENTS

Each a concern in themselves, the Institute for Family-Centered Care in Berkeley, IHI member organization, in a patient's home. The story illustrates the importance of patient and family involvement in the process of care.



The Need for Change

Institute for Family-Centered Care



Major Concerns in Health Care . . . All Unnecessary Costs

- Inconsistent Quality
- Errors, especially in the transitions and transfers
- Infections
- Poor Communication
- Poor design of facilities
- Unsatisfied patients and families
- Unsatisfied staff and physicians

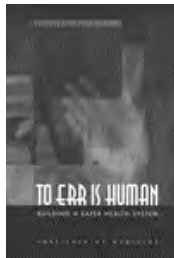


Building Momentum for Advancing the Practice of Patient- and Family-Centered Care and Creating Partnerships with Patients and Families

Institute for Family-Centered Care



Laying the Groundwork for Change . . . Institute of Medicine



Institute of Medicine — *Crossing the Quality Chasm: A New Health System for the 21st Century*

- ▼ Health care should be based on continuous healing relationships.
- ▼ Care should be individualized.
- ▼ It is important for patients to be involved in their own care decisions.
- ▼ Patients and families should have improved access to information.
- ▼ Health care should become more transparent.



SIX AIMS...Institute of Medicine



Why Patient- AND Family-Centered Care?

Social isolation is a risk factor.

The majority of patients have some connection to family or natural support.

Individuals, who are most dependent on hospital care, are most dependent on families...

- The very young;
- The very old; and
- Those with chronic conditions.



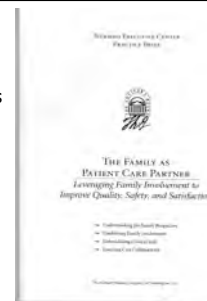
American Hospital Association

- ▼ AHA has developed leadership strategies to make the six aims of the Institute of Medicine's Report a reality in hospitals.
- ▼ AHA distributed a *Patient- and Family-Centered Toolkit* to the CEO of every U.S. Hospital and the Commanding Officer of every military hospital.
- ▼ <http://www.aha.org/aha/issues/Communicating-With-Patients/pt-family-centered-care.html>



Nurse Executive Practice Brief . . . The National Advisory Board

- ▼ Nurse Executives providing leadership that links partnerships with patients and families to quality, safety, and satisfaction.



The screenshot shows the Joint Commission website with a navigation menu and a main content area titled "National Patient Safety Goals". The text includes "Facts about the 2007 National Patient Safety Goals" and "On June 2, 2006, The Joint Commission's Board of Commissioners approved the 2007 National Patient Safety Goals. The Goals and related requirements are below. New Goals and requirements are indicated in bold and acceptance program applicability is indicated in brackets. Data in the numbering indicate a Goal has been "traced" usually because the requirements were integrated into the standards. Program-specific language changes are noted from this version."

Goal #13 Encourage patients' active involvement in their own care as a patient safety strategy.

13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so. **[Ambulatory, Account-Living, Behavioral Health Care, Critical Access Hospital, Outpatient-Specific, Care, Home Care, Hospital, Lab, Long Term Care, Office-Based Surgery]**

National Patient Safety Goal #13 . . .

Joint Commission New Resources . . . A theme of Partnership

The image shows two booklets. The left one is titled "PATIENTS as PARTNERS" and features a graphic of people sitting around a table. The right one is titled "Patients as Partners: Guide to Implementing National Patient Safety Goal #13" and shows a patient and a healthcare provider.

The booklet cover features a photograph of a hospital room and the title "SAFE BY DESIGN: Designing Safety in Health Care Facilities, Processes, and Culture" by Joe Ross, RHA, MBA, PhD.

- ▼ Designing Safety in Health Care Facilities, Processes, and Culture
- ▼ Patients and families involved in design process.
- ▼ Empowering families to participate in the care of patients.
- ▼ Informed and active patients.

Joint Commission Resources 2007

Press Release February 2007

Society of Critical Care Medicine
The Intensive Care Professionals

- ▼ Evidence-Based Clinical Practice Guidelines for incorporating families into decision-making and care for ICU patients.
- ▼ Open visitation (24/7) in pediatric and newborn intensive care and supporting family participation in rounds and presence for resuscitation.
- ▼ Open visitation in adult intensive care is flexible for patients and families and determined individually.

University HealthSystem Consortium Patient- and Family-Centered Benchmarking Project — 2007

Twenty-six academic medical centers participated in this study.

National Collaboratives are currently working to advance the practice of patient- and family-centered care.

The Public Reporting of Quality and Satisfaction

The screenshot shows a website with various data points and charts, including a section for "Patient Performance Results" and "Open Clinical Data".

Fostering the partnerships among patients, families, clinicians, and others to encourage constructive dialogue and further improvement when reporting quality data publicly.

Accreditation Council for Graduate Medical Education



- ▼ Patient Care
- ▼ Medical Knowledge
- ▼ Practice-Based Learning and Improvement
- ▼ Interpersonal and Communication Skills
- ▼ Professionalism
- ▼ Systems-Based Practice

Patient- and family-centered concepts can help meet the new competency standards for residents in all disciplines.

ACGME formed a Patient- and Family-Centered Task Force in 2007.



Robert Wood Johnson Foundation Supports Invitational Expert Panel on Patient and Family Partnerships

The Institute for Family-Centered Care collaborated with the Institute for HealthCare Improvement to convene this panel on how to most effectively partner with patients and families in quality improvement and health care redesign.



www.familycenteredcare.org



Emerging Best Practices

Institute for Family-Centered Care



Patients and Families
Powerful new partners for healthcare and the workplace

▼ *Healthcare Executive, Journal of the American College of Health Care Executives, January-February, 2008*

Learning about the patient's and family's experience . . .

Focus groups and surveys are not enough!

Hospitals and health systems create a variety of ways for patients and families to serve as advisors and leaders.



Why involve patients and families as advisors?

- ▼ Bring important perspectives about the experience of care.
- ▼ Teach how systems really work.
- ▼ Inspire and energize staff.
- ▼ Keep staff honest and grounded in reality.
- ▼ Provide timely feedback and ideas.
- ▼ Lessen the burden on staff to fix the problems . . . staff don't have to have all the answers.
- ▼ Bring connections with the community.
- ▼ Offer an opportunity to "give back."



Iowa Health System, Des Moines, IA

The co-chair of the Iowa Health System's Patient Safety Committee is a man who learned to read at the age of 54.

For further information about new readers and literacy organizations:

<http://www.readiowa.org/archiew.html>

Pending national legislation on health literacy.



Qualities and Skills of Successful Patient and Family Advisors



- ▼ The ability to share personal experiences in ways that others can learn from them.
- ▼ The ability to see the bigger picture.
- ▼ Interested in more than one agenda issue.
- ▼ The ability to listen and hear other points of view.
- ▼ The ability to connect with people.
- ▼ A sense of humor.



The NEW Mission Statement



The Memorial Healthcare System provides safe, quality, cost-effective, patient- and family-centered care regardless of ability to pay, with the goal of improving the health of the community it serves.



Defining the Philosophy of Care

Children's Hospital at Dartmouth Special Care Nursery
Lebanon, NH



Integrating Patient- and Family-Centered Care within the Quality Plan

University Health Systems of Eastern Carolina (UHS) Strategy: Safety and quality work is patient- and family-centered

- ▼ Work with legal to establish framework for patient-family as team members.
- ▼ Educate leaders, front line staff, and families about patient- and family-centered care.
- ▼ Establish that patient and family experiences are drivers for quality improvement.
- ▼ Patients and families serve on quality teams
- ▼ Family involvement in RRT implemented across UHS



Environment and Design Supports the Practice of Patient- and Family-Centered Care

Dartmouth-Hitchcock Medical Center's Cancer Center, Lebanon, NH



Environment and Design Supports the Practice of Patient- and Family-Centered Care

Woodwinds Health Campus — Adult ICU, Woodbury, MN



Patient and Family Handbook with a Consistent Message for Partnerships

Banner Desert Medical Center, Mesa, Arizona

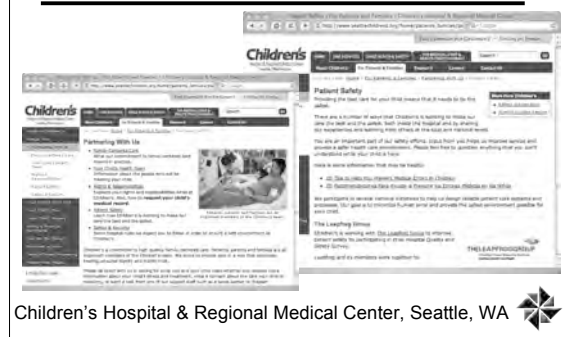


Patient and Family Handbook with a Consistent Message for Partnerships

Banner Desert Medical Center, Mesa, Arizona



Hospital Websites — Consistent Messages about Partnership and Patient Safety



Creating the Expectation for Partnership in Clinical Care

Beth Israel Hospital, Boston, MA

In meeting a new patient, Tom Delbanco, M.D. asks, "What kind of doctor do you want me to be?"



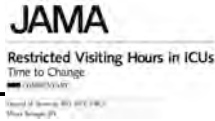
Creating the Expectation for Partnership in Clinical Care

United Hospital Birth Center, St. Paul, MN

At the beginning of every shift, nurses ask patients their goals for the shift.



Debunking the myth that families are visitors . . .



Families are not VISITORS . . .

Families are allies for quality and safety . . .
Families are the constant across the transitions in health care.

Family presence and participation during rounds, nurse change of shift report, medication reconciliation, and discharge planning can enhance quality and safety.



Bedside Nurse Change of Shift Report

The Care Model for Banner Desert Medical Center in Mesa, Arizona is based on Imogene King's Goal Attainment Theory...keeping the patient informed and at the center of decisions... a more collaborative approach to care.

Traditional approaches to nurse report were inconsistent with the Care Model. Bedside change of shift report is consistent and creates mutually beneficial partnerships.

Anderson, C. D. & Mangino, R. R. Nurse Shift Report: Who Says You Can't Talk in Front of the Patient? *Nursing Administration Quarterly*, 2006.

Another resource: Kaiser Nurse Knowledge Exchange
<http://xnet.kp.org/newscenter/clinicalexcellence/nurseknowledgeexch.html>



Sharing Information about Medications

James Haley Veterans Hospital, Tampa, FL

At the end of the shift on a daily basis, the night nurse prints out the list of medications for the next 24 hours and leaves it with the patient and family, if they are present. The list includes the name of the drug, dosage, times, and how it will be administered.



Patient and Family Access to a Rapid Response Team



Redesign of Primary Care and the Management of Chronic Conditions

Brown University Family Care Center, Providence RI



- Collaborative Self-Management Support
- ◆ Information Sharing.
 - ◆ Goal Setting.
 - ◆ Action Plans.
 - ◆ Follow-Up Support.



www.newhealthpartnerships.org



Leadership Profiles for Changing Organizational Culture to Support Patient- and Family-Centered Practice

Institute for Family-Centered Care 



Integrating Patient- and Family-Centered Concepts into the Infrastructure of the Hospital and Each Clinical Area

- ▼ Vision/Values
- ▼ Facility Design
- ▼ Patterns of Care
- ▼ Information Sharing
- ▼ Family Support
- ▼ Charting/Documentation
- ▼ Linkages to Community
- ▼ Quality Improvement
- ▼ Human Resources
- ▼ Professional Education




Advancing the Practice of Patient- and Family-Centered Care

The Dana-Farber Story — Changing the Culture of an Organization

Institute for Family-Centered Care 

\$100,000 Award Recognizes Dana-Farber Cancer Institute for Patient- and Family-Centered Care



<http://www.businesswire.com/news/google/20080414005209/en> 

Dana-Farber Cancer Institute Boston, MA

"Dana-Farber has transformed the delivery of care through their entire organization with their model of patient and family-centered care, which encourages collaboration, communication, and engagement — activities that are critical to ensuring that the quality of health care in Massachusetts remains of the highest standard."

- **Patient and Family Advisory Councils (PFAC)**, co-chaired by patients and families, advise hospital leadership and offer input on all decision making. Members of these Councils, as well as other patients and family members, sit on 93 different hospital committees.
- **Medication Reconciliation** in its ambulatory practice encourages patients to review lists of their medications and allergies in order to identify and correct discrepancies. This collaborative process has resulted in a 90% reduction in medication list errors.



Dana-Farber Cancer Institute
Boston, MA

Patients and families:

- ▼ Serve on adult and pediatric Patient and Family Advisory Councils.
- ▼ Educate oncology fellows and surgical residents.
- ▼ Serve on the clinical quality committee, the patient/ family education committee, and design planning committees.
- ▼ Serve as as patient representatives for clinical centers.
- ▼ Interview candidates for clinical leadership positions.
- ▼ Participate in "glitch rounds."
- ▼ Volunteer in the patient and family resource center.
- ▼ Produce the *Side by Side* newsletter.



Dana-Farber Cancer Institute
Boston, MA



Advancing the Practice of Patient-
and Family-Centered Care

The MCG Story — Changing the
Culture of an Organization

Institute for Family-Centered Care



MCG Health System
Augusta, GA

- ▼ Defined values and used the strategic planning process.
- ▼ Used the design planning process to facilitate change.
- ▼ Created a position to coordinate collaborative endeavors.
- ▼ Defined and differentiated behaviors for customer service and patient- and family-centered care and integrated in the human resources management system.
- ▼ Involved patients and families in quality and patient safety work.
- ▼ Created patient and family faculty program.



MCG Health System, Augusta, GA
Opening a Model Patient- and Family-
Centered Neuroscience Center of Excellence



MCG Values applied to a unit-based pledge developed through a collaborative process.



MCG Health System
Augusta, GA

Patient encouraged to be an active participant in care and decision-making.

Families no longer seen as visitors.

HIPAA — Complying with the Law and the Intent of the Law

- ▼ Patient's right of access to information and the patient's right to privacy — need to balance.
- ▼ Patient or family defines the family and how they will be involved.
- ▼ The option for the patient and family to be involved should be defined as part of hospital operations and the treatment plan.
- ▼ Patients and families can be asked for their permission for others to be involved.
- ▼ Charting and documentation forms should encourage the routine documentation of the definition of family and how they will be involved in care and decision-making.



HIPAA — Complying with the Law and the Intent of the Law

- ▼ Information about HIPAA shared with patients and families and asking for their cooperation in respecting the privacy of others, conveying that staff and physicians are making the same commitment...mutuality.
- ▼ Transparency, the concept that care processes should be clear to anyone, is one of the *JOM* "10 Rules for Health Care."
- ▼ HIPAA allows for professional judgment.
- ▼ Patient and family advisors can be considered part of the workforce and receive HIPAA training.



Neuroscience Center of Excellence Patient Information MCG Health System Augusta, GA



Welcome to MCG Neuroscience Center of Excellence

The Neuroscience Center of Excellence is a state-of-the-art facility that provides comprehensive care for patients with neurological conditions. Our team of experts is dedicated to providing the highest quality of care, ensuring that every patient receives personalized attention and support.

Our Mission: To provide the highest quality of care to our patients, ensuring that every patient receives personalized attention and support.

Our Services: We offer a wide range of services, including diagnostic testing, treatment planning, and ongoing care. Our team of experts is dedicated to providing the highest quality of care, ensuring that every patient receives personalized attention and support.

Our Location: The Neuroscience Center of Excellence is located in the heart of Augusta, Georgia, making it easily accessible to our patients. We offer a wide range of services, including diagnostic testing, treatment planning, and ongoing care.



MCG Neuroscience Results Three Years of Quality Improvement Data

- Patient Satisfaction – 10th to 95th percentile.
- Length of stay decreased – 50% in Neurosurgery.
- Reduction in medical error by 62%.
- Discharges (volume) increased 15.5%.
- Capacity for continuous improvement.
- Staff vacancy rate – 7.5% to 0%; have waiting list 5 RN's.
- Change in perceptions of the unit by doctors, staff, and house staff.
- Staff protects the new culture.



Nursing Practice Change after Dialogue with Health Partners, MCG Health System, Augusta, GA

- ▼ Open medication at the bedside
- ▼ ID's checked (armband plus patient confirmation)
- ▼ Patient told name of medication and indication
- ▼ If patient questions, double check
- ▼ Review medication each time given with patient / answer questions



MCG Health System, Augusta, GA

Over 155 patient and family advisors serve on 4 institutional - level councils, 7 program groups, and 45 hospital committees including the Patient Safety and Medicine Reconciliation Committees.

Patient and Family Advisors for the Multiple Sclerosis Clinic participated in the national Quality Allies Innovation Community implementing collaborative self-management support.



MCG's Academic Programs — Leadership is Key to the Mission and Business Case

- 26 Patient and Family Faculty.
- Curriculum assessment & revision for all schools.
- Baseline 47-question culture survey on patient- and family-centered attitudes and beliefs.
- Leadership Academy—open to clinicians, educators, researchers, and administrative, patient, and family leaders.
- Task Force on Human Resource Functions for Academic Campus:
 - Recruitment
 - Selection
 - Performance Evaluation
 - Recognition

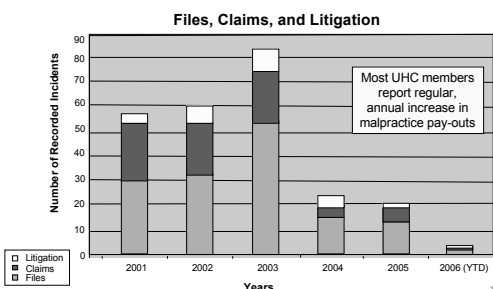


MCG Health System Augusta, GA

- ▼ Patient and family-centered care has become the business model for the organization.
- ▼ Patient- and family-centered care has had an impact on each one of MCG's business metrics:
 - Finances.
 - Quality.
 - Safety.
 - Satisfaction.
 - Marketshare.
- ▼ **MCG is the most cost-efficient hospital in the University Healthcare Consortium.**



MCG: Favorable Trend in Variances, Claims, and Litigation



Advancing the Practice of Patient- and Family-Centered Care

The Cincinnati Children's Hospital Medical Center Story — Changing the Culture of an Organization

Institute for Family-Centered Care



Cincinnati Children's Hospital Medical Center Cincinnati, OH

- ▼ Change in Senior Leadership.
- ▼ The beginning... The CEO, Chair of the Board of Trustees, CNO, two medical leaders, and a staff nurse attended the IFCC seminar.
- ▼ Development of and receipt of the RWJ Pursuing Perfection Grant.
- ▼ Linked partnerships with patients and families with all of the quality improvement work.
- ▼ Hosted the IFCC Seminar . . . Sent 85 staff to this seminar and provided follow-up support for action plans.
- ▼ Created poster display of over 60 initiatives that linked PFCC with service improvement initiatives.
- ▼ Created a Family Advisory Council and a family advisor paid position.
- ▼ Hosted a dinner celebrating over 100 patient and family advisors.
- ▼ Created a board level position for a family advisor.



Recipient of the 2006 AHA
McKesson Quest for Quality Prize

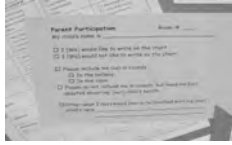
*"Get started before you
are ready."*

Jim Anderson
President and CEO
Cincinnati Children's Hospital Medical Center



Cincinnati Children's Hospital Medical Center Cincinnati, OH

- ▼ Units open 24/7—families viewed as partners in care and decision-making, not visitors.
- ▼ Families given choices about participation in rounds.
- ▼ Rounds linked with discharge goals.
- ▼ Role of the nurse manager.
- ▼ Role of the residents.
- ▼ Writing of orders: decreasing errors 7%-9% to 1%.
- ▼ Change in charting.
- ▼ Enhanced teaching and faculty satisfaction.



2006 Recipient of the
AHA McKesson Quest for
Quality Prize



A Fundamental Shift in Practice . . . Family-Centered Rounds

- ▼ Most orders and discharge paperwork are written and clarified on rounds which has helped with efficiency for the limited work hours for residents.
- ▼ With nurses, families, and physicians all communicating at the same time during rounds, "there is exponentially less confusion about the plan of care."
- ▼ Discharge planning begins at admission and each member of the team contributes to carrying out and tracking well-defined goals.
- ▼ "A care plan, truly comes together and becomes maximally effective when family, nurse, and physician can listen to each other's points of view."
- ▼ "Nurse and physician both must actively participate and take ownership of the process."
- ▼ The core of physician reluctance is sharing uncertainty in front of the family.

Simmons, J. *The Hospitalist*, March 2006.



In a patient- and family-centered system of care . . .

All staff, faculty, and trainees
view every interaction with
patients and their families as
an opportunity to build on
their *competence* and
confidence.



How can you advance the practice of
patient- and family-centered care and
create effective partnerships with
patients and families to enhance
quality and safety?



What can you do . . .

- ▼ Learn about patient- and family-centered care—visit www.familycenteredcare.org
- ▼ Read *Advancing the Practice of Patient- and Family-Centered Care: How to Get Started*.
- ▼ Find out if your hospital has a Patient and Family Advisory Council or a Patient- and Family-Centered Care Steering Committee.
- ▼ Ask if the Patient Safety Committee and QI teams at your hospital have patient and family advisors as members.
- ▼ Identify 3-4 patients and families and 3-4 staff and physician champions to begin this work.
- ▼ Conduct an assessment for your clinical area—*Patient- and Family-Centered Care: A Self-Assessment Inventory*



Changing the Culture of an Organization . . .

A Journey, not a
Destination

Leadership is Key

